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Review

Alcohol consumption as a risk factor for sexual assault: A retrospective analysis

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ABSTRACT

The aim of this study was to establish whether there is a correlation between alcohol consumption and reported sexual assaults among young people in the UK. A retrospective analysis of all cases between 01/05/2011 and 30/04/2012 involving complainants between the ages of 12 and 25 was carried out at the Lancashire SAFE Centre. In total 286 cases were included. Case notes were audited for evidence of alcohol consumption by the complainant in the 24 h prior to their assault. Further information regarding amount of alcohol consumed and any other drugs involved was also collected. In total it was found that 70.6% of complainants had consumed alcohol before being assaulted. This percentage was noted to vary with the complainant's age, ranging from 0% (age 12) to 100% (age 24). Of those who had consumed alcohol, complainants in 76.2% of cases had drunk more than the recommended daily alcohol intake, and almost a third had also taken drugs. There was only one case of suspected covert drug administration, and one forcible drug usage; in all other cases alcohol or drugs were taken voluntarily. Stranger rape (including where the complainant had known the assailant only briefly, such as meeting them the same day) was more common in complainants who had consumed alcohol. In summary, alcohol consumption often precedes sexual assaults among young people in the UK. This study therefore recommends the more widespread use of public awareness campaigns to highlight the risk of rape associated with excessive alcohol consumption.

1. Introduction

Rape is a devastating life event that remains under-reported and frequently goes unpunished. The Home Office released figures in 2007 indicating that while as many as 25,000 people may be the victims of rape each year in the UK, only 40% tell anyone about it and only 12% report to the police.[1] In 2004 there were 2689 prosecutions for rape and only 751 of these resulted in convictions.[1] This is truly shocking if the calculated figure of 25,000 cases per year is anywhere near accurate. In addition to the emotional trauma to the victim, the financial implications of rape are also great. It is estimated that each case of rape costs society £76,000.[2] Given how far-reaching this problem is thought to be, any research into the mechanisms of sexual assault in this country could benefit a large group of people by promoting the development of more targeted and effective public awareness programs. Understanding why the reporting rate is so low may also help improve authorities' approach and thus encourage more victims to come forward.

The aim of this study was to establish the extent to which alcohol is involved in sexual assaults among young people in the UK. It was hypothesized that there is a strong relationship between alcohol consumption by complainants, particularly in large quantities, and reports of rape. For the remainder of this article, the term 'sexual assault' is used to mean all non-consensual offences covered by the Sexual Offences Act 2003.[3] This includes attempted or completed acts of rape, sexual assault, assault by penetration and causing someone to engage in sexual activity.[3]

Many myths still surround sexual assault, despite public awareness campaigns and gradually decreasing stigma toward victims. Drug facilitated sexual assault (DFSA), commonly referred to as 'date rape' or incidents involving 'date rape drugs' is a concept widely known among young people.[4] DFSA can be defined as "completed sexual assault by means of the victim's self-induced intoxication [opportunistic DFSA] or… the perpetrator's deliberate intoxication of the victim [proactive DFSA]".[4,5] Unfortunately, most young people believe that it only involves 'drink spiking' with an illicit drug, when in truth, such events are relatively rare.[1,4,6] It is more often the case that voluntary alcohol consumption has occurred in the hours prior to a sexual assault, and it was this which impaired the complainant's ability to interpret the situation, and

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legally consent to or resist sexual advances.[7–9] It is prudent to acknowledge that both opportunistic and proactive DFSA affect a person's ability to consent to sexual acts, and in both scenarios the perpetrator is wholly accountable for the assault.

The phenomenon of DFSA is not a new one.[6] However, it is an increasing problem in the contemporary drinking culture of the United Kingdom.[4,10] In a study of American college females, DFSA was found to be five times more common than forcible sexual assault.[9] Research varies in terms of exact prevalence figures, but all studies agree that alcohol is involved in a large proportion of sexual assaults in westernized countries, including the UK.[8–11] This is on the part of both the victim and the assailant. Numerous theories have been postulated to explain the mechanism of alcohol's involvement in sexual assaults. The Alcohol Myopia Theory (colloquially known as 'beer goggles') proposes that a person intoxicated with alcohol is only able to register the most prominent cues in a given situation, to the detriment of more ambiguous or subtle cues.[12] A recent study by Loiselle et al.[13] explored this concept, and found that when intoxicated women were presented with a hypothetical scenario, where unwanted sexual advances escalate to sexual assault, they were much slower than their placebo/control counterparts in detecting risk cues and indicating that the male should stop his advances. Worryingly, the average point at which intoxicated participants thought the male should desist was after he had already committed criminal sexual assault. This supports previous research where alcohol was found to decrease women's perceived susceptibility to sexual assault.[14,15]

The relationship between complainant and assailant also seems to have an impact on a woman's vigilance against sexual assault.[9,14] In studies investigating sexual assault risk perception, women considered men they knew as less likely to assault them than strangers, and the least suspicion was seen towards long-term acquaintances or partners.[14] This is surprising considering that the majority of DFSA cases are committed by perpetrators known to the victim.[4,9] Women were also found to be more comfortable with unwanted sexual attention from men they knew, and in these situations they were less likely to detect ambiguous risk cues.[14] Given this, it is tangible that the combined effect of drinking in the company of someone they know and the subsequent alcohol myopia can readily leave young people susceptible to sexual assault.

Although binge drinking is an increasing problem among young people,[16] it has been found that even low levels of alcohol can interfere with a person's ability to recognize ambiguous risk cues.[14] Davis et al.[14] found that the myopic effect of alcohol intoxication was not necessarily dose-dependent and a blood alcohol content (BAC) as low as 40 mg/100 ml (equivalent to 0.04%, or half the legal limit to drive in the UK[17]) was sufficient to hinder risk perception.[14] Having said that, DFSA is often also achieved through inability of the victim to physically resist an assault[7–9] and this may only occur at greater degrees of inebriation, as motor impairment increases.[4] Operation MATISSE, a nationwide UK study, found that a third of the complainants who had consumed alcohol prior to their assault had an estimated BAC in excess of 200 mg/100 ml at the time of the incident.[10] The authors calculated that in order to reach this BAC, complainants would have had to consume approximately 16 units over 2–3 h.[10] The consequences of such a binge would include "reduced inhibitions, disorientation, impaired judgement and co-ordination, drowsiness, memory loss and… unconsciousness".[10] A person experiencing any of these symptoms would arguably be more susceptible to a sexual assault. Worryingly, despite this, women who binge drink have been shown to perceive their ability to resist a sexual assault whilst drunk as higher than non binge drinkers.[15] Therefore, while the reduced risk perception seen after only small amounts of alcohol consumption must not be overlooked, this combined with the physical symptoms following the consumption of larger quantities of alcohol can leave a person in an incredibly vulnerable state, and this is often underappreciated by those most at risk.

Less research has been carried out to establish the role of alcohol in sexual assaults in terms of consumption by the perpetrator. In 2011, Abbey[18] found that alcohol increases sexual aggression in male perpetrators, but concluded that this was in males already predisposed to sexual violence. She suggested several explanations for this, such as male perpetrators may purposefully consume alcohol so they can use their state of inebriation as an excuse for their behaviour. Similarly, sexual assaults committed by intoxicated assailants have been found to be more severe and involved a greater degree of violence than those committed by sober individuals.[7] This supports both the suggestion that alcohol disinhibits the assailant and has a myopic effect on cue detection in social situations, as an intoxicated assailant is more likely to focus on arousal cues and to dismiss less pertinent cues such as the distress of the victim. Flowe et al.[12] found that inebriated males were more likely to misinterpret polite refusal by women, and maintain that she was sexually aroused. It is easy to conceive how a scenario such as this could escalate and lead to sexual violence. However, alcohol intoxication by assailants cannot justifiably be used in the defence of perpetrators of sexual assault.[3]

It is the unwarranted opinion of some people that victims are either partially or entirely responsible for their sexual assault.[4] The Sexual Offences Act 2003 clearly states otherwise,[3] and yet cases of DFSA are less likely to result in a conviction,[19] as victims who were under the influence of alcohol are less likely to report an assault to the police.[1] Amnesty International conducted a public opinion survey in 2005, and found that over a quarter of the people asked believed that if a woman was dressed in revealing clothing, she had some accountability for being sexually assaulted.[12] This was also the case if she had voluntarily taken drugs or consumed alcohol.[4] Although this survey was carried out a number of years ago, little has been done in that time to try and alter this deeply embedded belief, so it is likely that little has changed since then. However, focus on blaming the victim acts to deflect blame from the perpetrator, and this may be a contributing factor in the lower conviction rates in cases of DFSA.

There are various reasons why someone may not report a sexual assault to the authorities. The Advisory Council on the Misuse of Drugs suggest several explanations for this:[1]

- *"Feelings of guilt or self-blame because of prior voluntary ingestion of alcohol and/or drugs;*
- *Confusion and uncertainty, as a result of memory impairment due to the drug's effects, about what happened;*
- *Reluctance to make accusations without personal knowledge, or memory, of the circumstances leading to the assault".*

It is easy to understand how these thoughts might prevent someone from reporting an assault. The last point is particularly relevant in genuine cases of drink spiking. Gamma-hydroxybutyrate (GHB) for instance, has a steep dose–response curve which varies considerably between individuals. Given this, small increments in GHB dosage can lead to extreme sedation and anterograde amnesia.[1,4] The European Monitoring Centre of Drugs and Drug Addiction found that half of recreational users of GHB had lost consciousness as a result of ingesting the drug.[4] This evidently very volatile drug could therefore cause someone to lack all recollection of events, which could contribute to their decision not to report the crime. In addition, GHB is undetectable in blood or urine after 12 h,[1] so any case where the complainant delays reporting may not produce any toxicological evidence. The low statistics on DFSA cases involving GHB and certain other drugs[9] must therefore be taken with a certain amount of scepticism.

2. Case studies

Case 1

A 15 year old female presented to the SAFE centre on 19/08/11, accompanied by a police officer. She reported being sexually assaulted 18 h previously by a male she had met that night. Her account of the event is as follows:

> She and two friends shared two 1 L bottles of vodka between them, before going out to pub to continue drinking. They were approached by several males and chatted with them for some time. She didn't recall leaving her friends, but according to them she left with one of the males at around 11 pm. Her next recollection is waking up naked in an alley with the alleged male. She ran away as soon as she woke up.

Case 2

An 18 year old female presented to the SAFE centre on 14/11/11, reporting that she had been sexually assaulted by a friend 24 h previously. The only relevant past medical history disclosed by the complainant was depression, for which she had been taking Citalopram 20 mg/day since the age of 15. She was also hospitalized following an intentional overdose approximately 5 months previously. She recounts the events of the assault as follows:

She and two friends shared two 1L bottles of vodka between them, before going out to pub to continue drinking. They were approached by several males and chatted with them for some time. She didn't recall leaving her friends, but according to them she left with one of the males at around 11pm. Her next recollection is waking up naked in an alley with the alleged male. She ran away as soon as she woke up.

These cases demonstrate how excessive alcohol consumption can render a person incapable of resisting sexual advances and therefore leave them in a very vulnerable position. They also exemplify a typical case of someone letting their guard down in the company of a friend (Case 2), binge drinking before their assault and drinking at home rather than or prior to going out to a club or bar. The size of self-poured drinks is often considerably larger than those served at a drinking establishment.[20] Therefore, although the complainant in Case 2 said she had consumed 5 sambucas, she admitted that they were very large, and this is likely to equate to more than 5 units of alcohol, which is already approaching a binge.[21] In addition, she had consumed all of these drinks in the space of an hour, which would have caused her BAC to rise rapidly. Although the complainant in Case 1 spread out her alcohol consumption over the course of approximately 6 h, the quantity she had drunk easily qualifies as a binge. Her memory loss is also typical of extreme alcohol intoxication, and illustrates that it is not necessary for someone to have their drink spiked for this to occur.

Clearly a person who is as intoxicated as the complainants in the above cases is in no position to consent to sexual intercourse. Finally, although the assailants in both cases had been drinking themselves, there is no denying that each took advantage of a young woman who was unable to resist a sexual assault, and both are therefore accountable for their crimes.

3. Method

The study took place at the Lancashire SAFE (Sexual Assault Forensic Examination) Centre, the first purpose-built Sexual Assault Referral Centre (SARC) in the UK. It opened in 2002 and since then has served Lancashire, Cumbria and the Isle of Man for all cases of sexual assault. Members of staff include a forensic nurse examiner (FNE), a team of sexual offence examiners (SOEs) and crisis workers, and an independent sexual violence advisor (ISVA). There was previously a counselling service at the centre which was discontinued and moved to the community, where it was thought it could be of greater use.

A search of the existing literature was conducted, using the key terms "alcohol, rape, sexual assault, sex offences, and risk". Literature regarding individuals aged 12–25 and published in the previous 10 years were included. Of the searched databases, MEDLINE/PubMed, CINAHL and PsycINFO produced results. Following this, records were audited at the SAFE Centre in May 2012. Cases were selected from the previous twelve months, between 1st May 2011 and 30th April 2012, based on age at time of presentation. All complainants aged 12 to 25 were included, creating a study population of 286. There were 65 complainants below the age of 12 and a further 112 over 25 years old who attended the SAFE Centre within that year. The age range was designated as such because it was thought that this would likely include all the cases involving underage drinking, as well as encompassing young adults. All of the information gathered was disclosed by the complainant, and only with their consent obtained at the time of the interview for its use in research, was collated and analysed.

Individual case notes were studied and the following information was obtained:

- Patient demographics – gender and age
- Hours since the incident occurred

Table 1
Classification of different types of assailant.

Assailant	Definition
Stranger 1	A person with whom the complainant has no prior contact
Stranger 2	A person known only briefly to the complainant
Intimate	A person with whom the complainant is having or has previously had a consensual sexual relationship
Acquaintance/Friend	A person who the complainant has known for a period of time
Familial	A non-intimate family member
Professional/Carer	A person in a position of authority or trust
Group	Two or more perpetrators
Series	Two or more assaults committed by the same person. (Details of the most recent incident only included in the study)
Unknown	Where the complainant does not recall the perpetrator, e.g. if they were unconscious at the time of the assault

- Alcohol consumption in the twenty-four hours prior to the alleged assault
- Type and quantity of alcohol consumed
- Any other drugs taken within the same time period
- Type of reported assailant

For clarification, the different types of assailant described in this paper are as follows in Table 1:[22]

4. Results

4.1. Age

There were 286 cases that matched the search criteria and were thus included in the study population. Of these, 19 (6.6%) were male, and the remainder were female. It was found that 70.6% of these cases self-reported alcohol consumption in the 24 h prior to the assault. This varied dramatically according to the complainant's age, as illustrated in Table 2 and Fig. 1 below. None of the complainants aged 12 years old who were included in this study had consumed alcohol. In contrast, all of those aged 24 had drunk alcohol prior to their assault. At least two thirds of complainants between 16 and 25 had consumed alcohol.

After dividing cases into 'alcohol consumed' and 'no alcohol consumed' groups, it could be established using the unpaired *t*-test that the mean age of complainants also differed significantly (18.6 years and 16.0 years respectively, $p < 0.0001$). Together with data in Table 1, this suggests that as age increased within the analysed population, so did the incidence of alcohol consumption. In an

Table 2
The proportion of complainants in each age group who had consumed alcohol.

Age (Years)	Total number of cases	Percentage of cases where alcohol consumed
12	4	0
13	19	32
14	31	39
15	41	63
16	18	67
17	21	76
18	33	88
19	36	83
20	20	90
21	16	88
22	16	75
23	17	88
24	7	100
25	7	71

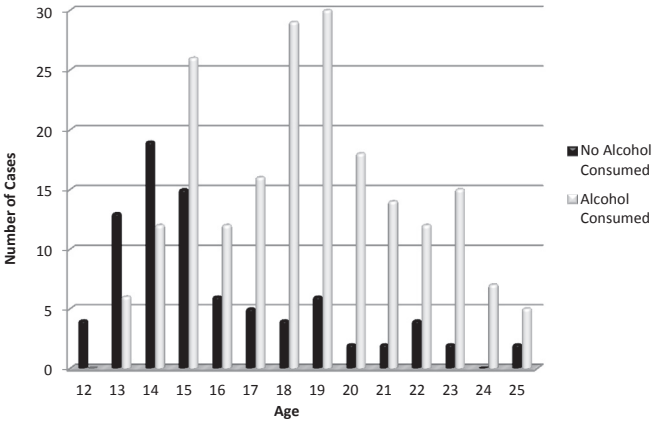

Fig. 1. The distribution of alcohol consumption in complainants according to age.

American study of female adolescent sexual assault victims, the median age of first alcoholic beverage was found to be 14.4 years.[5] This is not dissimilar to the results above, and confirms that even young people well under the legal age to drink are putting themselves at risk of sexual assault through their drinking behaviour.

4.2. Alcohol type and quantity

Binge drinking is an increasingly common and socially accepted practice in the UK.[16] This study found that of the 202 complainants who had consumed alcohol, 76.2% had drunk more than the recommended 2–3 units per day for women and 3–4 units for men,[23] which we define as excessive. This information is illustrated in Fig. 2 below, and demonstrates that excessive drinking is a common feature in many cases of DFSA. The importance of this must not be underestimated and the risk of sexual assault associated with binge drinking needs to be clearly relayed to the public.

Across the analysed age range, the number of cases involving alcohol consumption in moderation varied relatively little (0–8 cases). In contrast, the number of cases where alcohol was consumed to excess differed quite dramatically (0–28 cases). Compared to consuming only moderate amounts of alcohol, the risk of DFSA following excessive intake was significantly greater ($p < 0.0001$). In addition, the risk was also higher following moderate intake compared to no alcohol consumption at all, and this too was found to be statistically significant, although to a lesser degree than excessive intake ($p < 0.0004$). These figures suggest that it is excessive drinking in young people that has greater

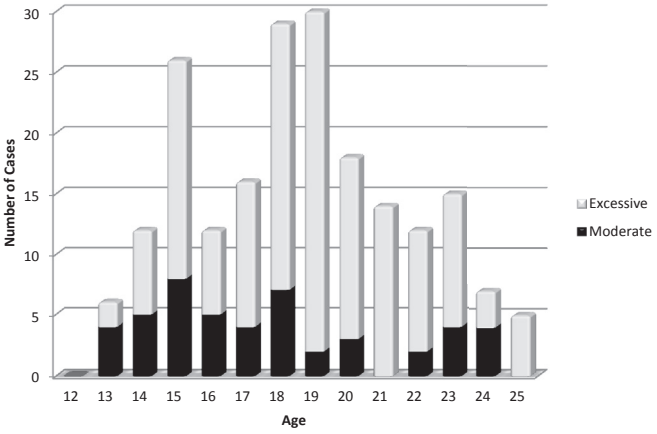

Fig. 2. The number of cases where alcohol was consumed in moderation and in excess.

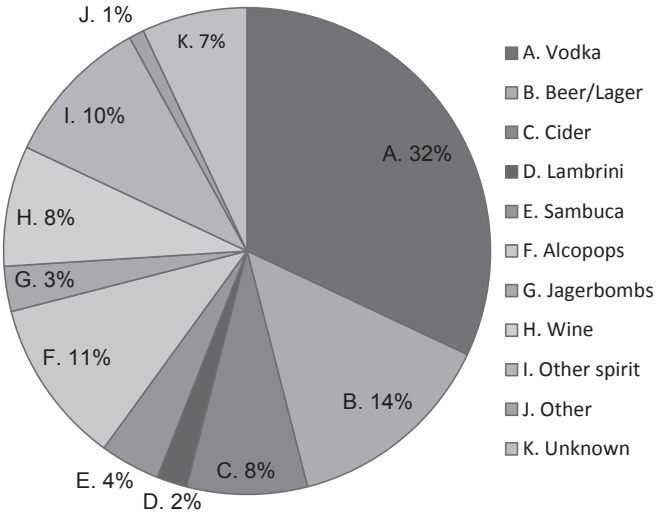

Fig. 3. The different types of alcohol consumed by complainants.

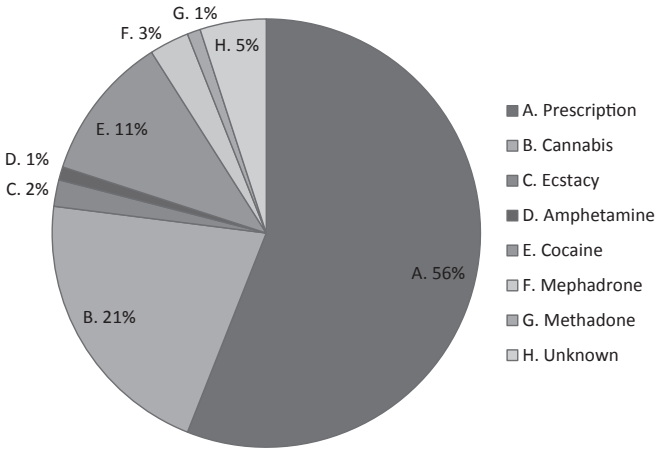

Fig. 4. The different types of drugs taken by complainants.

implications for their risk of sexual assault, rather than alcohol consumption in general. Also, there were 15 cases where the quantity of alcohol consumed was not recorded, and these figures were included in the 'moderate' group by default. It is possible that some of these complainants had in fact drunk excessively, so potentially the problem is even greater than recognized here.

The availability of cheap alcohol from supermarkets and convenience stores has led certain drinks to increase in popularity. Vodka was found to be the most often consumed type of alcohol in this study, with nearly a third of complainants choosing to drink vodka over other beverages (see Fig. 3). This was followed by beer, and then alcopops, perhaps reflecting the teenage and university aged populations. These results substantiate the 2011 ESPAD Report which investigated substance use among students, and found that the participants considered these types of alcoholic drinks to be the most readily available.[16] The practice of pre-drinking with these cheap beverages before going on a night out by many young people[19] is only acting to exacerbate the problem, and given this trend, the implications of the availability of cheap alcohol in the UK must be considered.

4.3. Drugs

Self-reported use of drugs, illicit or otherwise, was noted in 91 cases, which equated to 31.8% (95% CI = 26.5%–37.6%). Of these, 16 had taken more than one drug in the preceding 24 h and 71.4% had combined drug usage with alcohol. By far the most common types of drug reported were prescription medications. These included antidepressants, benzodiazepines and antibiotics. Following this, cannabis was the next most common drug (see Fig. 4). Interestingly, there were no cases involving GHB, the 'date rape drug'[9] often described in the media, although there were 7 cases where the complainant took an unknown drug. One of these was a suspected 'spiking' and the other was overt but forced. It was not uncommon for complainants to allege that their drink had been spiked and attribute their intoxication to this, rather than the excessive amount of alcohol they had consumed in a short space of time.

4.4. Assailant

The type of assailant reported by complainants was found to differ, depending on whether or not they had consumed alcohol (see Figs. 5 and 6). In both groups, assault by an acquaintance was by far the most common. This supports existing research which has found that a large proportion of DFSA cases are committed by perpetrators known to the victim.[4,9] Assault by strangers was found to be significantly more common in complainants who had consumed alcohol ($p < 0.0001$), which again corroborates the existing literature.[8] Additionally, there were 14 cases where the assailant was 'unknown' in the alcohol consumed group, versus one case in the no alcohol group ($p < 0.0458$). In the former group, one of these cases was a suspected 'drink spiking' and 12 complainants had consumed more than their recommended daily alcohol allowance. Reassuringly, in the analysed age group there were no reported cases of sexual assault by professionals or carers.

Figs. 5 and 6 clearly show that in the vast majority of cases, assailants were known to the complainants, however briefly. At most, only 15% of complainants had no prior contact at all with their attacker, contrary to the myth that sexual assault is a crime usually committed by complete strangers.[3] Decreased risk awareness due to intoxication is a key issue here, and as previously discussed, familiarity with an assailant further reduces a person's risk perception.[14] It is in this type of scenario that opportunistic DFSA can easily take place.

4.5. Gender — male complainants

Once data concerning male complainants was separated, similar results were found to those of the population as a whole, despite

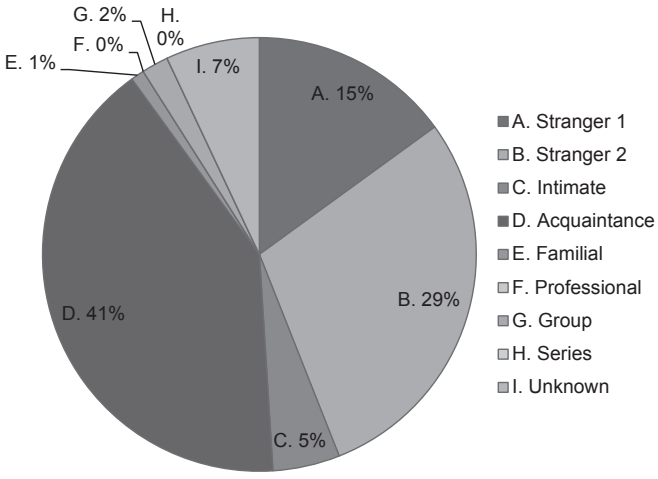

Fig. 5. The types of assailant in cases where alcohol had been consumed.

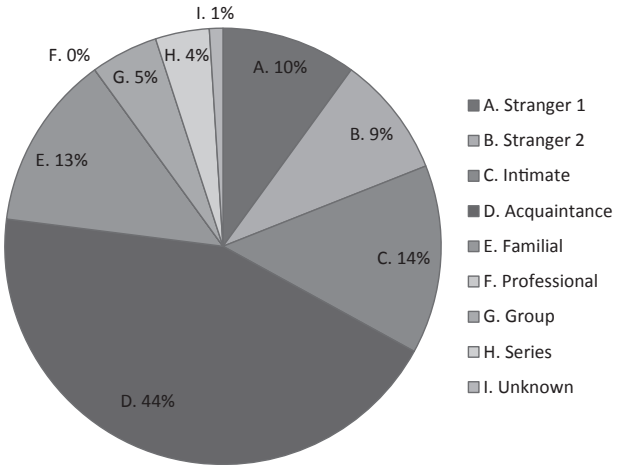

Fig. 6. The types of assailant in cases where alcohol had not been consumed.

the small male sample size ($n = 19$). 68.4% of these complainants had consumed alcohol, which was not significantly different from results of the entire population ($p < 0.622$). Although 92.3% of male complainants who had consumed alcohol had done so to excess – which was a greater proportion than overall – this was not statistically significant compared to females ($p < 0.1929$). These findings suggest that the correlation between alcohol consumption and sexual assaults does not differ significantly between genders, although the small male sample size must be taken into consideration. Combined with alcohol, 6 complainants had also taken drugs. There were two other cases where drugs were taken, but this was in the absence of co-intoxication with alcohol.

Data regarding assailant type also approximated the data for the whole population (see Fig. 7), with complainants most commonly being assaulted by acquaintances, followed by assailant types stranger 2 then stranger 1. Interestingly, there were no assaults by intimate individuals or family members, unlike in the female group.

There were not enough male complainants to draw any particular conclusions regarding the distribution of alcohol consumption across this age range. There were no complainants aged 12, 14, 17, 22, 24, or 25 years old who attended the SAFE Centre in the specified time period. Also, 42.1% of the complainants in this sample were 19 years old, so there is a strong bias towards this particular age group. Further research must therefore be carried out if any more information about young male sexual assault victims is to be discovered.

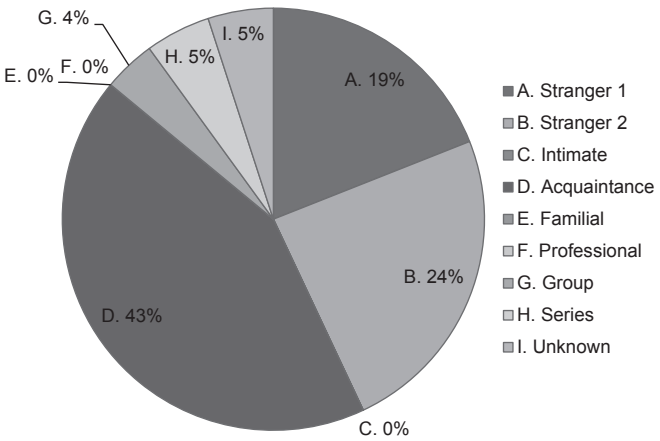

Fig. 7. The types of assailant in male cases.

5. Discussion

This study found a strong correlation between alcohol consumption and sexual assaults among young people in the UK. Complainants in 70.6% of cases had voluntarily consumed alcohol in the 24 h prior to their assault. The proportion of cases involving alcohol varied with the complainant's age, but not significantly with gender. Excessive drinking and co-ingestion of drugs was also prevalent (76.2% and 32.2% respectively). Although assailants were known to the complainant more often than not, stranger rape was more common in complainants who had consumed alcohol. Of the cases where the complainant had no recollection of events and therefore could not say who their attacker was, 93.3% had consumed alcohol, 80% to excess. There were only two instances of involuntary drug use, one of which was covert.

From these findings, it can be seen that when young people consume alcohol, especially in large quantities, they become more vulnerable to sexual assault. The vast majority of DFSA cases in this study were found to be opportunistic in nature, which contradicts public perception of drug related sexual assault. It also may surprise many people that sexual assaults are most commonly committed by a friend or acquaintance. Having these misconceptions may lead young people to underestimate their risk, despite in fact being in a high risk group for sexual assault.

5.1. Limitations

There were several limitations noted during this study. Firstly, there were only 19 male complainants that could be included. Given this small number, any conclusions drawn from their data must be scrutinized. It would therefore be worthwhile to conduct a further study over a greater time period, such as 5 years, so that information regarding more male cases could be audited. In addition, younger victims of DFSA are known to have a low reporting rate, and of those who do report, many do so relatively late.[5] It is therefore quite possible that the above results underestimate the problem of DFSA, particularly with regard to drugs such as GHB, which are metabolized extremely quickly by the human body.[4]

6. Conclusion and recommendations

It is clear from this study, along with the existing literature, that DFSA is a widespread problem. There are still many myths and misconceptions surrounding DFSA, and these must be addressed if the situation is to be improved. Public awareness campaigns aimed at highlighting the risk of sexual victimization following alcohol consumption are remarkably lacking.[9] The literature suggests there is particular need to educate young teenagers,[1,5,9] as individuals are starting to drink at increasingly young ages[5] but there are few projects which target them directly.

Awareness campaigns should not be solely aimed at women. This could perpetuate the attitude that it is women who hold the responsibility in sexual assaults. Men who consume alcohol are more likely to behave with sexual aggression[18] but many may be unaware of this fact. What constitutes a criminal offence under the Sexual Offences Act is also rarely appreciated by young people. Mouilso et al.[11] conclude that "men are less likely to believe that forced or coerced sex with an intoxicated woman is rape". Undeniably, this needs addressing urgently. This may also explain the low reporting rate in sexual assault cases where the complainant was inebriated, as women may also be unaware of their rights under the law. It has already been discussed that one of the reasons why victims do not report to the authorities is through self blame.[1] Seeking only to encourage greater vigilance among women who are

drinking and ignoring the accountability of assailants in these situations, only serves to increase this stigma.

Conflict of interest

None declared.

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